

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

4677

04672

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN OAKLAND		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Shallmar	
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL		STREET ADDRESS Dodson (If rural, give location)	
3. NAME OF DECEASED (First) JOHN (Middle) N.M.H. (Last) ATHEY	4. DATE OF DEATH (Month) MAY (Day) 2 (Year) 1955		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH 2/14/1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COAL MINER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) WEST VIRGINIA		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME CHARLES SAMUEL ATHEY		14. MOTHER'S MAIDEN NAME MOLLIE HENDRICKSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. 216,014,850	
17. INFORMANT AND ADDRESS JOHN ATHEY, SHALLMAR, MARYLAND			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X Immediate cause (a) Hemiplegia Antecedent cause(s) (b) Cerebral Hemorrhage Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		6 days 6 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **October**, 19**53**, to **May**, 19**55**, that I last saw the deceased alive on **May 1**, 19**55**, and that death occurred at **2:15 A** m., from the causes and on the date stated above.

SIGNATURE **[Signature]** (Degree or title) ADDRESS **[Signature]** DATE SIGNED **5/2/55**

23. BURIAL, CREMATION (Specify) Burial	DATE THEREOF May 4, 1955	NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	LOCATION (City, town, or county) (State) Elk Garden, Mineral Co. W. Va
DATE REC'D BY LOCAL REG. 5/4/55	REGISTRAR'S SIGNATURE [Signature]	24. FUNERAL DIRECTOR Otha F. Sharpless, Blaine, W. VA.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 27 1965

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04673

166

4678

CERTIFICATE OF DEATH

Reg. Dist. No.

item 9, Film 181 5-23-55 et

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>OAKLAND</u>		<u>16 days</u>		TOWN <u>FRIENDSVILLE</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GARRETT COUNTY MEMORIAL HOSPITAL</u>				STREET ADDRESS <u>BOX 70</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>HARRY</u> (Middle) (Last) <u>BAKER</u>				(Month) <u>MAY</u> (Day) <u>10</u> (Year) <u>1955</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>5-10-01</u>	9. AGE last birthday <u>54</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
					Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>MISHOPPIN, PENNSYLVANIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>AMERICA</u>	
13. FATHER'S NAME <u>EDWARD BAKER</u>				14. MOTHER'S MAIDEN NAME <u>MABEL DECKER</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or, unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				<u>SADIE BAKER BOX 70 FRIENDSVILLE, MD.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
434.3 IMMEDIATE CAUSE (A) <u>Uremia</u>						<u>2 weeks?</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Decompensated heart disease</u>						<u>5 weeks?</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 16, 1955</u> , to <u>5/9</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5/9</u> , 19 <u>55</u> , and that death occurred at <u>10 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Thomas J. Lushy</u>				ADDRESS (Street, city, town, state) <u>Oakland, Md.</u>		DATE SIGNED <u>5/10/55</u>	
M.D.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>May 13-55</u>		NAME OF CEMETERY OR CREMATORY <u>Friendsville Ceme</u>		LOCATION (City, town, or county) <u>Friendsville Md.</u>	
24. REC'D BY REGISTRAR <u>5/10/55</u>		REGISTRAR'S SIGNATURE <u>John G. Gowan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Rodakauer</u>		ADDRESS <u>Marbleburg</u>	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04674

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Garett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
<u>Rural Lonaconing Md</u>		<u>Life</u>		<u>Rural Lonaconing Md</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)		<u>1</u>	
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
<u>George Dessa Bittinger</u>				<u>May 6 1955</u>			
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Singel</u>		8. DATE OF BIRTH: <u>January 5-1910</u>	
9. AGE last birthday: <u>44</u> yrs.		10. BIRTHPLACE (State or foreign country): <u>Rural Lonaconing Md</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY: <u>None</u>			
13. FATHER'S NAME: <u>George Andrew Bittinger</u>				14. MOTHER'S MAIDEN NAME: <u>Rebecca Jane Berkholder</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY No.: <u>214-12-3117</u>		17. INFORMANT & ADDRESS: <u>Yolman Bittinger, Lonaconing Md</u>			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
Immediate cause (a) <u>Carcinoma of stomach</u>						<u>6 mos.</u>	
Antecedent causes (s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO							
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: <u>5-9-1955</u>				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-1</u> , 19 <u>55</u> , to <u>5-6</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-6</u> , 19 <u>55</u> , and that death occurred at <u>8 P.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>H.C. Diehl, M.D.</u>				DATE SIGNED <u>5/7/55</u>			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>5-9-1955</u>		<u>Roebison Cemetery</u>		<u>Rural Lonaconing Md</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>May 7/55</u>		<u>Ethel Broadwater</u>		<u>Wm Wintberg</u>		<u>Grantsville Md</u>	

RECEIVED
MAY 11 1955
BUREAU V. S.

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INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4680

CERTIFICATE OF DEATH

04676
166

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT.</u>		MARYLAND		STATE <u>MD.</u>		COUNTY <u>GARRETT.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>RURAL M^S HENRY MD.</u>				TOWN <u>RURAL M^S HENRY MD.</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS		(If rural give location)	
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>TRUMAN CASPER BUTLER.</u>				<u>MAY. 25 1955</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>MALE</u>	<u>WHITE</u>	<u>MARRIED</u>	<u>Nov. 26, 1891</u>	<u>63</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
<u>TRACKMAN ON B+O.</u>					<u>JENNINGS. MD.</u>		<u>U.S.</u>
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>SAMPSON BUTLER.</u>				<u>JENNY BITTINGER.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>No.</u>		<u>214-12-3163</u>		<u>MRS CLARA BUTLER M^S HENRY MD.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
420.0 IMMEDIATE CAUSE (A) <u>Coronary Occlusion</u>						<u>1 hour</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerotic heart disease</u>						<u>6 years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 19, 1949</u> , to <u>May 28, 1955</u> , that I last saw the deceased alive on <u>May 19, 1955</u> , and that death occurred at <u>4 P.</u> M., from the causes and on the date stated above.							
SIGNATURE		ADDRESS (Street, city, town, state)		DATE SIGNED			
<u>Milton Depper</u>		<u>Fredericks Md.</u>		<u>May 28, 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>MAY-28-1955</u>		<u>BUTLER CEMETERY</u>		<u>NEAR M^S HENRY MD.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>May 28/55</u>		<u>John H. Brown</u>		<u>Emory Belden</u>		<u>OAKLAND MD.</u>	

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INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04678

4681

CERTIFICATE OF DEATH

Reg. Dist. No. 166

Items 8,9, FilmG181 5-16-55 6t

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>				STATE <u>Maryland</u> COUNTY <u>Allegheny</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Oakland</u>				CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Mt. Savage</u> 01X-2			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Evans Nursing Home</u>				STREET ADDRESS (If rural give location) -----			
3. NAME OF DECEASED (Type or Print) <u>Charles</u> (First) <u>Carder</u> (Middle) (Last)				4. DATE OF DEATH (Month) <u>May</u> (Day) <u>8</u> (Year) <u>1955</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>10-3-00</u> <u>1901/25, 1899</u>	9. AGE last birthday <u>54</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Misc.</u>		11. BIRTHPLACE (State or foreign country) <u>Glencoe, Penna.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>James Carder</u>				14. MOTHER'S MAIDEN NAME <u>Nancy Jeannette Robertson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>220-03-7640</u>		17. INFORMANT & ADDRESS <u>George Carder Mt. Savage, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
154X IMMEDIATE CAUSE (A) <u>Carcinoma of sigmoid & rectum</u>						<u>2 yrs.</u>	
ANTECEDENT CAUSE(S) DUE TO (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>October 1, 1955</u> to <u>May 12, 1955</u> , that I last saw the deceased alive on <u>May 1, 1955</u> , and that death occurred at <u>12:20 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>E. F. Baumgartner</u>				ADDRESS (Street, city, town, state) <u>M.D. Zsander St. Oakland, Md.</u>		DATE SIGNED <u>5/8/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>5/11/1955</u>	NAME OF CEMETERY OR CREMATORY <u>Catholic Michaels Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frostburg, Md.</u>		
24. REC'D BY REGISTRAR <u>5/9/55</u>		REGISTRAR'S SIGNATURE <u>Julia A. Royce</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jacob Hafer</u>		ADDRESS <u>23 East Main St. Frostburg, Md.</u>	

MAY 12 1955

BUREAU

THE CIVIL

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4682 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 161

04679
Reg. Dist.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY GARRETT	MARYLAND	STATE md	COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) Friendsville		CITY (If outside corporate limits write RURAL and give nearest town) Friendsville md	
HOSPITAL OR INSTITUTION OR STREET ADDRESS None		STREET ADDRESS (If rural, give location) Gen Delivery	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH	
HAROLD-RUSSELL-CODDINGTON		May 26 1955	
5. SEX: M	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: Apr 15-1902
9. AGE last birthday: 53		10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Labourer	
11. BIRTHPLACE (State or foreign country): md-Garrett Co		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: John C. Coddington		14. MOTHER'S MAIDEN NAME: Della Gibbs	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY No.: 214-01-9735	
17. INFORMANT & ADDRESS: Mrs Glenn Sines - Friendsville md			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) Coronary Occlusion DUE TO		
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>
21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		
SIGNATURE E. J. Bingham CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> DATE SIGNED 5/26/55 M. D. DEPUTY MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>		
23. BURIAL, CREMATION, REMOVAL (Specify):		24. FUNERAL DIRECTOR
Burial		W. H. Rodakauer Markleysburg Pa
DATE REC'D BY LOCAL REG. May 28, 55		REGISTRAR'S SIGNATURE Ruth Franz Deputy

BUREAU V. S.

JUN 2 1955

RECEIVED

4683

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: Friendsville COUNTY Garrett		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural; Friendsville		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural; Friendsville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00		STREET ADDRESS (If rural give location) /	

3. NAME OF DECEASED: (Type or Print) Edwin		(First) (Middle) (Last) Dixon		4. DATE OF DEATH: May 4, 1955	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: Dec. 22, 1874	9. AGE last birthday: 80 yrs.	IF UNDER 1 Year IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION: Give kind of work done during most of working life, even if retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Garret B. Dixon			14. MOTHER'S MAIDEN NAME: Francis Herring		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 NO		16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS: Bertha Dixon, Friendsville		

18. MEDICAL CERTIFICATION		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331X Immediate cause (a) Cerebral Vascular Accident		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Essential Hypertension		
(c) Generalized Arteriosclerosis		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1955, to May 3, 1955, that I last saw the deceased alive on May 3, 1955, and that death occurred at 11:45 A.M., from the causes and on the date stated above.			
SIGNATURE Harold O. Kamaus M.D.		ADDRESS R. D. Markleysburg, May 6, 1955	
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF 5/7/55	NAME OF CEMETERY OR CREMATORY Blooming Rose	LOCATION (City, town, or county) Friendsville, Md.
DATE REC'D BY LOCAL REGISTRAR May 6, 1955	REGISTRAR'S SIGNATURE Ruth Frantz Deputy	24. FUNERAL DIRECTOR	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 9 1955

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04681

4684

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		MARYLAND		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
<u>X</u> TOWN <u>OAKLAND</u>		<u>9 HRS. 20 MIN.</u>		TOWN <u>OAKLAND</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>70 GARRETT COUNTY MEMORIAL HOSPITAL</u>				STREET ADDRESS (If rural give location) <u>86 LIBERTY STREET</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>Garry</u> (First) <u>H.</u> (Middle) <u>DURST #1</u> (Last)				<u>MAY</u> <u>27</u> <u>19 55</u>			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
<u>MALE</u>		<u>WHITE</u>		<u>SINGLE</u>		<u>MAY 27, 1955</u>	
						9. AGE last birthday yrs. <u>9</u> <u>20</u>	
						IF UNDER 1 YEAR Months <u>9</u> Days <u>20</u>	
						IF UNDER 24 HRS. Hours <u>9</u> Min. <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
				<u>OAKLAND MARYLAND</u>			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>DURST, WILLIAM HENRY</u>				<u>STAHL, BETTY HARRIETT</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				<u>86 LIBERTY STREET, MRS. BETTY DURST, OAKLAND MARYLAND.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
<u>761.5</u> IMMEDIATE CAUSE (A) <u>Placenta previa (maternal) w. te</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Resulting Prenatal Labor & twins</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u>Prematurity</u>						<u>9 hrs</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-27</u>, 19<u>55</u>, to <u>5-27</u>, 19<u>55</u>, that I last saw the deceased alive on <u>5-27</u>, 19<u>55</u>, and that death occurred at <u>9:30 A.</u> from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
<u>James H. Fenster Jr.</u>				<u>M.D. 58 2-1st. Oakland and</u>		<u>5-27-55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>5/28/1955</u>		<u>Grantsville Cemetery</u>		<u>Grantsville, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>5/28/1955</u>		<u>Julia G. Rowan</u>		<u>Herbert C. Reighton</u>		<u>Oakland, Md.</u>	
<u>2/55233270</u>							

CERTIFICATE OF DEATH

1955

1. NAME OF DECEASED

2. PLACE OF DEATH

3. SEX

4. AGE

5. DATE OF BIRTH

6. PLACE OF BIRTH

7. OCCUPATION

8. CAUSE OF DEATH

9. MANNER OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF WITNESSES

13. DATE OF DEATH

14. TIME OF DEATH

15. PLACE OF INTERMENT

16. NAME OF INTERMENT PLACE

17. NAME OF FUNERAL HOME

18. NAME OF MINISTER

19. NAME OF CHURCH

20. NAME OF CEMETERY

21. NAME OF GRAVE

22. NAME OF MONUMENT

23. NAME OF FUNERAL HOME

24. NAME OF MINISTER

25. NAME OF CHURCH

26. NAME OF CEMETERY

27. NAME OF GRAVE

28. NAME OF MONUMENT

29. NAME OF FUNERAL HOME

30. NAME OF MINISTER

31. NAME OF CHURCH

32. NAME OF CEMETERY

33. NAME OF GRAVE

34. NAME OF MONUMENT

35. NAME OF FUNERAL HOME

36. NAME OF MINISTER

37. NAME OF CHURCH

38. NAME OF CEMETERY

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40. NAME OF MONUMENT

41. NAME OF FUNERAL HOME

42. NAME OF MINISTER

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100. NAME OF MONUMENT

101. NAME OF FUNERAL HOME

102. NAME OF MINISTER

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194. NAME OF CEMETERY

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212. NAME OF CEMETERY

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249. NAME OF GRAVE

250. NAME OF MONUMENT

251. NAME OF FUNERAL HOME

252. NAME OF MINISTER

253. NAME OF CHURCH

254. NAME OF CEMETERY

255. NAME OF GRAVE

256. NAME OF MONUMENT

257. NAME OF FUNERAL HOME

258. NAME OF MINISTER

259. NAME OF CHURCH

260. NAME OF CEMETERY

261. NAME OF GRAVE

262. NAME OF MONUMENT

263. NAME OF FUNERAL HOME

264. NAME OF MINISTER

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04682

4685

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>OAKLAND</u>		<u>8 hrs. 12 Min.</u>		TOWN <u>OAKLAND</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>70 GARRETT COUNTY MEMORIAL HOSPITAL</u>				<u>86 Liberty Street</u>			
3. NAME OF DECEASED				4. DATE OF DEATH			
(First) <u>Larry</u> (Middle) <u>H.</u> (Last) <u>DURST #2</u>				(Month) <u>5</u> (Day) <u>27</u> (Year) <u>1955</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>5-27-55</u>	
9. AGE last birthday <u>Yrs.</u>		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
		Months <u>8</u> Days <u>12</u>		Hours <u>8</u> Min. <u>12</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
				<u>OAKLAND, MARYLAND</u>		<u>U.S.A.</u>	
13. FATHER'S NAME <u>WILLIAM HENRY DURST</u>				14. MOTHER'S MAIDEN NAME <u>BETTY HARRIETT STAHL</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				<u>86 LIBERTY STREET</u> <u>WILLIAM HENRY DURST OAKLAND, MARYLAND</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>Placenta Previa (Maternal) with</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u>			
DUE TO <u>Resulting Premature Labor.</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) <u>Prematurity</u>							
STATING UNDERLYING CAUSE LAST. (C) <u>Prematurity</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
		M. <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>5-27-55</u> , to <u>5-27-55</u> , that I last saw the deceased alive on <u>5-27-55</u> , 19 <u>55</u> , and that death occurred at <u>7:50 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>James H. Tenaster, Jr.</u>				ADDRESS (Street, city, town, state) <u>558 2nd St OAKLAND, Md</u>		DATE SIGNED <u>5-27-55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>5/28/1955</u>		NAME OF CEMETERY OR CREMATORY <u>Grantsville Cemetery</u>		LOCATION (City, town, or county) (State) <u>Grantsville, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Julia L. Swan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert C. Reighton</u>		ADDRESS <u>Oakland, Md.</u>	

2155234270

CERTIFICATE OF DEATH

1955

REG. NO. 114

1. DECEASED PERSON'S NAME AND ADDRESS

2. PLACE OF DEATH

3. SEX AND AGE

4. OCCUPATION

5. CAUSE OF DEATH

6. DATE AND TIME OF DEATH

7. PLACE OF BIRTH

8. MARITAL STATUS

9. EDUCATION

10. RACE

11. RELIGION

12. PREVIOUS ILLNESS

13. MEDICAL HISTORY

14. SIGNATURE OF PHYSICIAN

15. SIGNATURE OF REGISTRAR

16. SIGNATURE OF WITNESSES

17. SIGNATURE OF DECEASED

18. SIGNATURE OF NEXT OF KIN

19. SIGNATURE OF BURIAL OFFICIAL

20. SIGNATURE OF INTERVIEWER

21. SIGNATURE OF DECEASED'S MOTHER

22. SIGNATURE OF DECEASED'S FATHER

23. SIGNATURE OF DECEASED'S SISTER

24. SIGNATURE OF DECEASED'S BROTHER

25. SIGNATURE OF DECEASED'S UNCLE

26. SIGNATURE OF DECEASED'S AUNT

27. SIGNATURE OF DECEASED'S GRANDFATHER

28. SIGNATURE OF DECEASED'S GRANDMOTHER

29. SIGNATURE OF DECEASED'S NEPHEW

30. SIGNATURE OF DECEASED'S NIECE

31. SIGNATURE OF DECEASED'S COUSIN

32. SIGNATURE OF DECEASED'S UNCLE

33. SIGNATURE OF DECEASED'S AUNT

34. SIGNATURE OF DECEASED'S GRANDFATHER

35. SIGNATURE OF DECEASED'S GRANDMOTHER

36. SIGNATURE OF DECEASED'S NEPHEW

37. SIGNATURE OF DECEASED'S NIECE

38. SIGNATURE OF DECEASED'S COUSIN

39. SIGNATURE OF DECEASED'S UNCLE

40. SIGNATURE OF DECEASED'S AUNT

41. SIGNATURE OF DECEASED'S GRANDFATHER

42. SIGNATURE OF DECEASED'S GRANDMOTHER

43. SIGNATURE OF DECEASED'S NEPHEW

44. SIGNATURE OF DECEASED'S NIECE

45. SIGNATURE OF DECEASED'S COUSIN

46. SIGNATURE OF DECEASED'S UNCLE

47. SIGNATURE OF DECEASED'S AUNT

48. SIGNATURE OF DECEASED'S GRANDFATHER

49. SIGNATURE OF DECEASED'S GRANDMOTHER

50. SIGNATURE OF DECEASED'S NEPHEW

51. SIGNATURE OF DECEASED'S NIECE

52. SIGNATURE OF DECEASED'S COUSIN

53. SIGNATURE OF DECEASED'S UNCLE

54. SIGNATURE OF DECEASED'S AUNT

55. SIGNATURE OF DECEASED'S GRANDFATHER

56. SIGNATURE OF DECEASED'S GRANDMOTHER

57. SIGNATURE OF DECEASED'S NEPHEW

58. SIGNATURE OF DECEASED'S NIECE

59. SIGNATURE OF DECEASED'S COUSIN

60. SIGNATURE OF DECEASED'S UNCLE

61. SIGNATURE OF DECEASED'S AUNT

62. SIGNATURE OF DECEASED'S GRANDFATHER

63. SIGNATURE OF DECEASED'S GRANDMOTHER

64. SIGNATURE OF DECEASED'S NEPHEW

65. SIGNATURE OF DECEASED'S NIECE

66. SIGNATURE OF DECEASED'S COUSIN

67. SIGNATURE OF DECEASED'S UNCLE

68. SIGNATURE OF DECEASED'S AUNT

69. SIGNATURE OF DECEASED'S GRANDFATHER

70. SIGNATURE OF DECEASED'S GRANDMOTHER

71. SIGNATURE OF DECEASED'S NEPHEW

72. SIGNATURE OF DECEASED'S NIECE

73. SIGNATURE OF DECEASED'S COUSIN

74. SIGNATURE OF DECEASED'S UNCLE

75. SIGNATURE OF DECEASED'S AUNT

76. SIGNATURE OF DECEASED'S GRANDFATHER

77. SIGNATURE OF DECEASED'S GRANDMOTHER

78. SIGNATURE OF DECEASED'S NEPHEW

79. SIGNATURE OF DECEASED'S NIECE

80. SIGNATURE OF DECEASED'S COUSIN

81. SIGNATURE OF DECEASED'S UNCLE

82. SIGNATURE OF DECEASED'S AUNT

83. SIGNATURE OF DECEASED'S GRANDFATHER

84. SIGNATURE OF DECEASED'S GRANDMOTHER

85. SIGNATURE OF DECEASED'S NEPHEW

86. SIGNATURE OF DECEASED'S NIECE

BUREAU V. S.

JUN 8 1955

RECEIVED

2000000000

STATE OF MARYLAND
DEPARTMENT OF HEALTH
Baltimore, Maryland
JUN 8 1955

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4688

CERTIFICATE OF DEATH

04684

166

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		STATE MARYLAND		COUNTY GARRETT			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN OAKLAND		21 DAYS		TOWN CRELLIN		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 70 GARRETT COUNTY MEMORIAL HOSPITAL				STREET ADDRESS (If rural give location) 1			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) CHARLES		(Middle) OSCAR		(Last) JORDAN			
SEX MALE		COLOR OR RACE WHITE		DATE OF BIRTH MARCH 25, 1877		AGE last birthday 78 yrs.	
SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		DATE OF BIRTH		IF UNDER 1 YEAR		IF UNDER 24 HRS.	
				Months Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (State or foreign country) MARYLAND	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME JORDAN, HENRY				14. MOTHER'S MAIDEN NAME KOPE, JUSTINA			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. -----		17. INFORMANT & ADDRESS MR. GILBERT KIGHT, CRELLIN MARYLAND	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
331X IMMEDIATE CAUSE (A) Arterio Sclerotic Cardio-Vascular Disease						INTERVAL BETWEEN ONSET AND DEATH 34 weeks	
ANTECEDENT CAUSE(S) DUE TO (B) with hemorrhage							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) Arterio Sclerosis						8 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 23 Apr, 1955, to 14 May, 1955, that I last saw the deceased alive on 14 May, 1955, and that death occurred at 1:40 P.M. from the causes and on the date stated above.							
SIGNATURE AS Mancee				ADDRESS (Street, city, town, state) Oakland Md		DATE SIGNED 14 May 55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 5/17/1955		NAME OF CEMETERY OR CREMATORY Ferndale Cemetery		LOCATION (City, town, or county) (State) Garrett Co., Md.	
24. REC'D BY REGISTRAR 5/16/55		REGISTRAR'S SIGNATURE Julia A. Brown		25. FUNERAL DIRECTOR'S SIGNATURE Herbert C. Leighton		ADDRESS Oakland, Md.	

CERTIFICATE OF DEATH

4023

1. NAME OF DECEASED		2. SEX		3. AGE		4. RACE		5. BIRTH DATE		6. BIRTH PLACE		7. MARITAL STATUS		8. OCCUPATION		9. CAUSE OF DEATH		10. PLACE OF DEATH		11. TIME OF DEATH		12. SIGNATURE OF PHYSICIAN		13. SIGNATURE OF REGISTRAR		14. SIGNATURE OF WITNESSES		15. SIGNATURE OF DECEASED	
JAMES EARL RAY		MALE		35		WHITE		JAN 12 1928		MEMPHIS, TENN.		SINGLE		Pilot		Shot		MEMPHIS, TENN.		4:30 PM		[Signature]		[Signature]		[Signature]		[Signature]	
16. DATE OF DEATH		17. TIME OF DEATH		18. PLACE OF DEATH		19. CAUSE OF DEATH		20. PLACE OF DEATH		21. TIME OF DEATH		22. SIGNATURE OF PHYSICIAN		23. SIGNATURE OF REGISTRAR		24. SIGNATURE OF WITNESSES		25. SIGNATURE OF DECEASED		26. SIGNATURE OF PHYSICIAN		27. SIGNATURE OF REGISTRAR		28. SIGNATURE OF WITNESSES		29. SIGNATURE OF DECEASED		30. SIGNATURE OF PHYSICIAN	
MAY 17 1968		4:30 PM		MEMPHIS, TENN.		Shot		MEMPHIS, TENN.		4:30 PM		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	

BUREAU V. S.

MAY 17 1968

RECEIVED

EMOITJUS12M

NOTICE: This certificate is a legal document and must be filled out in accordance with the instructions on the back. It is the responsibility of the person completing this form to ensure that all information is accurate and complete. The certificate must be signed by the attending physician and the registrar. It is a violation of the law to falsify or tamper with this document. The certificate is valid for a period of 10 years from the date of death. It is the property of the State and must be returned to the State upon request. The certificate is a legal document and must be filled out in accordance with the instructions on the back. It is the responsibility of the person completing this form to ensure that all information is accurate and complete. The certificate must be signed by the attending physician and the registrar. It is a violation of the law to falsify or tamper with this document. The certificate is valid for a period of 10 years from the date of death. It is the property of the State and must be returned to the State upon request.

4687

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY Garrett

MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town)

X TOWN Rural Friendsville 65 yrs.

HOSPITAL OR

INSTITUTION OR

STREET ADDRESS 2 Mi. N, Friendsville

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland.

COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town)

OR TOWN Rural Friendsville X

STREET ADDRESS

(If rural give location)

2 mi. N. Friendsville

3. NAME OF DECEASED:

(First)

Virginia

(Middle)

Maud

(Last)

Lohr

4. DATE

(Month)

(Day)

(Year)

OF DEATH:

May 24, 1955

5. SEX:

Female

6. COLOR OR RACE:

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

Married

8. DATE OF BIRTH:

9/24/1886

9. AGE last birthday:

68

yrs.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

Own Home

11. BIRTHPLACE (State or foreign country):

West Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME:

Salem Lee

14. MOTHER'S MAIDEN NAME:

Elizabeth Lipscomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

no

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

Wm. H. Lohr Friendsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause

(a)

DUE TO

Chronic myocarditis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death

3 years

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

left hemiplegia

8 years

19a. DATE OF OPERATION:

0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED

While at Work ☐Not While At Work ☐

HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from Mar 25, 1952, to May 24, 1955, that I last saw the deceased

alive on May 22, 1955, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Milton Jaffer, M.D.

Friendsville, Md May 24, 1955

23. BURIAL, CREMATION, REMOVAL (Specify)

Burial

DATE THEREOF

5/27/1955

NAME OF CEMETERY OR CREMATORY

Deer Park Cemetery

LOCATION (City, town, county) (State)

Deer Park, Md.

DATE REC'D BY LOCAL REGISTRAR

May 26, 1955

REGISTRAR'S SIGNATURE

Ruth Frantz

24. FUNERAL DIRECTOR

Herbert C. Leighton

ADDRESS

Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 31 1955

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4688
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 166

04687
Reg. Dist.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY GARRETT		MARYLAND		STATE MD		COUNTY GARRETT.	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN RURAL M ^C HENRY MD				CITY (If outside corporate limits write RURAL and give nearest town) TOWN RURAL M ^C HENRY MD			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (Type or Print) COIT		(First)		(Middle) EDWARD		(Last) NICKLOW-	
5. SEX: MALE		6. COLOR OR RACE: WHITE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE		8. DATE OF BIRTH: FEB-2-1930	
9. AGE last birthday: 25 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): BARBER		11. BIRTHPLACE (State or foreign country): FRIENDSVILLE MD		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: CLARENCE NICKLOW				14. MOTHER'S MAIDEN NAME: MATILDA HAENFTLING.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.: 213-24-6219		17. INFORMANT & ADDRESS: CLARENCE NICKLOW Accident MD.			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:				INTERVAL BETWEEN ONSET AND DEATH			
850X Immediate cause (a) Accidental Drowning DUE TO							
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:				19b. MAJOR FINDING OF OPERATION:			
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				21b. PLACE (Home, farm, factory, OF street, office bldg, etc.) INJURY		21c. (City or town) (County) (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 5/21/55 12:45 AM.				21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Drowned after jumping from burning boat	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE: E. J. Baumgartner				M. D. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> DATE SIGNED 6/1/55			
23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL				DATE THEREOF: JUNE-3-1955		NAME OF CEMETERY OR CREMATORY: ZION CEMETERY	
DATE REC'D BY LOCAL REG. 3/55				REGISTRAR'S SIGNATURE: [Signature]		24. FUNERAL DIRECTOR: Emory Bolden	
						ADDRESS: OAKLAND MD.	

RECEIVED

JUN 8 1955

BUREAU V. S.

1
INSTRUCTIONS
TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.
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VS AISC 1-55 10M

4689

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04688

CERTIFICATE OF DEATH

Item 9, FilmG182 5-31-55 et

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		STATE MARYLAND		COUNTY GARRETT			
CITY (If outside corporate limits, write RURAL OR and give nearest town) OAKLAND		LENGTH OF STAY (in this place) 3 HRS. 15 MIN.		CITY (If outside corporate limits, write RURAL and give nearest town) OAKLAND			
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL		STREET ADDRESS ROUTE #1					
3. NAME OF DECEASED (First) OPAL (Middle) ANN (Last) PORTER				4. DATE OF DEATH (Month) MAY (Day) 12 (Year) 19 55			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH JUNE 4, 1891	9. AGE last birthday 63 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HWFE.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) WEST VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME HENDRICKSON, WILLIAM ZACKRIAS				14. MOTHER'S MAIDEN NAME WINTERS, ELVA			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS MR. E. R. PORTER, ROUTE #1, OAKLAND MD.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
2040 IMMEDIATE CAUSE (A) CEREBRAL HEMORRHAGE				INTERVAL BETWEEN ONSET AND DEATH 3 HOURS			
ANTECEDENT CAUSE(S) DUE TO (B) Acute Lymphatic Leukemia				1 MONTH			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) HYPERTENSION				5 yrs			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8-22, 1953, to 5-12, 1955, that I last saw the deceased alive on 5-12, 1955, and that death occurred at 1:45 P.M. from the causes and on the date stated above.							
SIGNATURE <i>James H. Jester</i>				ADDRESS (Street, city, town, state) M.D. 58 2nd St Oakland Md			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial				DATE THEREOF 5/15/1955		NAME OF CEMETERY OR CREMATORY Oakland Cemetery	
24. REC'D BY REGISTRAR 5/13/1955				REGISTRAR'S SIGNATURE <i>Julia G. Rowan</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Herbert C. Leighton</i>	
				LOCATION (City, town, or county) Oakland, Md.		ADDRESS Oakland, Md.	

CERTIFICATE OF DEATH

1. DECEASED'S NAME (Last, first, middle initial)

2. SEX

3. AGE

4. OCCUPATION

5. PLACE OF BIRTH

6. DATE OF DEATH

7. TIME OF DEATH

8. PLACE OF DEATH

9. CAUSE OF DEATH

10. MANNER OF DEATH

11. SIGNATURE OF PHYSICIAN

12. SIGNATURE OF REGISTRAR

13. MEDICAL EXAMINATION

14. OTHER INFORMATION

15. REMARKS

16. SIGNATURE OF DEATH INVESTIGATOR

17. SIGNATURE OF COUNTY CLERK

18. SIGNATURE OF CITY CLERK

19. SIGNATURE OF STATE CLERK

20. SIGNATURE OF VICE CLERK

21. SIGNATURE OF DEPUTY CLERK

22. SIGNATURE OF ASSISTANT CLERK

23. SIGNATURE OF CLERK

24. SIGNATURE OF CLERK

25. SIGNATURE OF CLERK

26. SIGNATURE OF CLERK

27. SIGNATURE OF CLERK

28. SIGNATURE OF CLERK

29. SIGNATURE OF CLERK

30. SIGNATURE OF CLERK

BUREAU V. S.

MAY 17 1955

RECEIVED

SMITHSONIAN INSTITUTION

RECEIVED
MAY 17 1955
BUREAU V. S.
MAY 17 1955
RECEIVED

1
INSTRUCTIONS
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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.
VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04689
166

4690

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		MARYLAND		STATE W.VA.		COUNTY TAYLOR	
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN OAKLAND		LENGTH OF STAY (In this place) 6 days		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GRAFTON		85X-3	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 70 GARRETT COUNTY MEMORIAL HOSPITAL		STREET ADDRESS 400 Denney Ave. ✓		STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last) W. EVERETT RIGHTMIRE				4. DATE OF DEATH (Month) (Day) (Year) MAY 14 19 55			
5. SEX MALE		6. COLOR OR RACE WHITE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED		8. DATE OF BIRTH 9-29-81	
9. AGE last birthday 73 yrs.		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired N.R. Bailermaker				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) GRAFTON, WEST VIRGINIA	
12. CITIZEN OF WHAT COUNTRY? UNITED STATES							
13. FATHER'S NAME WESLEY EVERETT RIGHTMIRE				14. MOTHER'S MAIDEN NAME ANNA THORN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) 3 no (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. 232-24-4245		17. INFORMANT & ADDRESS MISS LUCY RIGHTMIRE OAKLAND, MD.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
332X IMMEDIATE CAUSE (A) Cerebral thrombosis				INTERVAL BETWEEN ONSET AND DEATH 2 wks			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO							
STATING UNDERLYING CAUSE LAST, (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 9, 1955, to May 14, 1955, that I last saw the deceased alive on May 14, 1955, and that death occurred at 7:40 P.M. from the causes and on the date stated above.							
SIGNATURE Joseph Alvarez				ADDRESS (Street, city, town, state) Oakland Md. DATE SIGNED May 14, 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 5/18/55		NAME OF CEMETERY OR CREMATORY Blue Mont. Cem., Grafton, W. Va.		LOCATION (City, town or county) (State)	
24. REC'D BY REGISTRAR 5/15/55		REGISTRAR'S SIGNATURE Julia G. Nowan		25. FUNERAL DIRECTOR'S SIGNATURE Herbert C. Leighton		ADDRESS Oakland, Md.	

CERTIFICATE OF DEATH

1000

1. PLACE OF DEATH

CITY

COUNTY

2. NAME OF DECEASED

3. SEX

4. AGE

5. OCCUPATION

6. CAUSE OF DEATH

7. DATE OF DEATH

8. TIME OF DEATH

9. SIGNATURE OF DECEASED

10. SIGNATURE OF WITNESSES

11. SIGNATURE OF PHYSICIAN

12. SIGNATURE OF REGISTRAR

BUREAU V. S.

MAY 17 1955

RECEIVED

250731212121

NOTED: This certificate is subject to the provisions of the Maryland Health and Safety Code, which require that the death be reported to the local health department within a specified period of time. The certificate is also subject to the provisions of the Maryland Health and Safety Code, which require that the death be reported to the local health department within a specified period of time.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4691

CERTIFICATE OF DEATH

Reg. Dist. No. 04690
126

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		MARYLAND		STATE MD		COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN RURAL OAKLAND MD				TOWN RURAL OAKLAND MD		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (if rural give location)			
00							
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
NELSON CYRUS SANDERS.				MAY 27 19 55			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
MALE	WHITE	MARRIED	OCT.-18-1886	68 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
FARMER.				AURORA W. VA.		U.S.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
DAVID SANDERS.				ESTER DUMIER.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
NO.				LAWRENCE SANDERS OAKLAND MD			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
1991 IMMEDIATE CAUSE (A)				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO				3 Days			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE				1 1/2 yrs			
STATING UNDERLYING CAUSE LAST. DUE TO (C)				unknown			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While et work <input type="checkbox"/> Not while et work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 18 Oct , 19 57 , to 7 Jan , 19 55 , that I last saw the deceased alive on 4 Jan , 19 55 , and that death occurred at 8:30 A.M. from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
Lawrence Sanders				Oakland Md		28 May 55	
M.D.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
BURIAL		MAY-29-1955		OAKLAND CEMETERY.		OAKLAND MD.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
5/29/55		Julius Rowan LR		Emory Bolden		OAKLAND MD.	

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7-8-9

DAVID ZANDERS

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JUN 8 1955

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4692

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04692

Reg. Dist.

No. 166

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Garrett</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town) OR			
<u>X</u> TOWN <u>Deer Park</u> Rural		<u>60 Yrs.</u>		TOWN <u>Rural</u> <u>Deer Park</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>6 Mi. S. Deer Park, Md.</u>				STREET ADDRESS (If rural, give location) <u>6 Mi. S. Deer Park, Md.</u>			
3. NAME OF DECEASED: (Type or Print)		(First) <u>George</u>		(Middle) <u>Truman</u>		(Last) <u>Upole</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>31</u>		(Year) <u>1955</u>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>July 17, 1888</u>	<u>66</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY: <u>OWN</u>		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>Coal Miner & Farmer, Farm</u>				<u>Pennsylvania</u>		<u>U.S.A.</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>John Upole</u>				<u>Margaret Pague</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
<u>no</u>		<u>213-01-7252</u>		<u>Mrs. George Upole Deer Park, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
<u>450.1</u> Immediate cause (a) <u>Coronary Occlusion</u> DUE TO Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)							
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:				20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County) (State)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I took charge of the remains, described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE		CHIEF MEDICAL EXAMINER		DEPUTY MEDICAL EXAMINER		DATE SIGNED	
<u>J. A. Baumgartner</u>						<u>6/1/55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>6/2/1955</u>		<u>John Upole Cemetery</u>		<u>near Deer Park, Md.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>6/2/55</u>		<u>Julius K. Howard</u>		<u>Verkerk E. Leighton</u>		<u>Oakland, Md.</u>	

RECEIVED

JUN 8 1955

BUREAU V. S.